Screening and prevention

1548 POSTER

Premature menopause, where do we stand?

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Increasingly more women who benefit from the improved treatments, and survive cancer, face premature menopause, which is an indirect effect of their cancer treatment. Although premature menopause is classified as a severe toxicity not much research has been done on this subject. This seems strange as it can have a significant impact on quality of life and is a long-term threat of cardiovascular diseases and osteoporosis. Preventive measures to protect against these threaths have only lately been the subject of research.

There are several reasons which can explain this lack of interest. It is often not clear whether the menstruation has ceased temporally or definitely. Menopause is also seen as a natural transition in life; premature menopause is of less importance than surviving cancer.

Premature menopause differs from normal menopause as it is "off time", its symptoms are often more severe and the long-term effects will be experienced at a much younger age. Whereas research on healthy middle-aged women has shown that it is important to educate them on this subject, educational programmes on premature menopause still have to be developed.

Since it is so difficult to determine whether the symptoms women experience are due to their cancer, the treatment or the menopause, we the oncology health care workers should be the ones to give these women good information. It is a challenge to help our patients feel supported, well informed and confident in making their own decisions. More research has to be done on incidence, on the symptoms experienced and on preventive measures for the long-term health threats. All of us nurses as well as doctors need to seize this opportunity.

1549 POSTER

Predictive value in prostatic adenocarcinoma of PSA, Free vs Total PSA and PSA density

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Introduction: The diagnosis of prostatic adenocarcinoma is usually made on trans-rectal biopsy. This procedure has well documented morbidity and therefore any means of focussing which patients should go foreward to biopsy should be examined. It has been shown that both the PSA Density and Free vs Total PSA measurements can raise the specificity of proceeding to biopsy. We decided to examine which of these tests was more useful in the setting of a routine prostate cancer clinic.

Method: We retrospectively examined the records from patients who had undergone trans-rectal biopsy in the prostate clinic. All of these patients had a serum PSA, a Free vs Total PSA and a PSA Density measured prior to the procedure. The predictive values for each test was assessed for adenocarcinoma, Prostatic intraepithelial neoplasia alone and prostatitis. All blood tests were performed in a single laboratory and all pathological diagnoses were reviewed by a Consultant Histopathologist.

Results: Examining whether each measurement gave a prediction of the presence of cancer, PSA was statistically significant (p=0.034). PSA density was highly significant (p=0.001). Free vs Total PSA was non significant on our sample.The sensitivity for PSA density was 90.9%, the specificity 30.3%, the positive predictive value 46.5% and the negative predictive value 83.3%. None of the measurements gave a significant prediction for the presence of PIN or for inflammation.

Discussion: These results show a useful role for PSA density in the detection of cancer, however they do not support the use of Free vs Total PSA on our sample. The results also indicate that ascribing a raised PSA to inflammation should be done with caution.

We have now closed the audit loop by altering the practice of how Free vs Total samples are analysed. We will be continuing this prospectively to see if the modification of practice will improve the sensitivity.

Innovative therapies

1550 POSTER

Nursing care In patients submitted to haplo-identical transplant

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The use of haplo-identical transplant (HIT) with positive stem cell selection using the CLINIMACS System has been recently introduced in our Bone Marrow Transplant Unit as an alternative treatment for patients (pts) lacking on HLA-compatible family or unrelated donor.

The aim of this study is to analyse the most frequent complications and to reveal the nursing practices performed in this patient population.

The methodology performed was the clinical charts analyses and bibliographic survey.

Since January 1999, eight pts were submitted to HIT in our Unit. During the transplant (first admission) the nursing care of these pts differs from conventional allogeneic transplants in the following points: 1- Longer period of isolation in HEPA filtered rooms; 2- More attention is given to possible complication, namely infections; 3- Education of the family in relation with emergent complications; 4- Number of visitors per day is limited to one visitor.

Nursing care also plays an essential role in the prevention, early diagnosis and treatment of arising complications. In the post-transplant period, 7 of the 8 pts were readmitted due to the following complications: CMV blood isolation (n=5), acute Graft Versus Host Disease (GVHD) following donor lymphocytes infusion (n=1), seizure in the setting of GVHD treatment (n=1). Two of 5 pts admitted with CMV positivity died with relapse of AML and CMV pneumonitis.

The frequent readmission of these pts due to complications post-transplant further stresses the important role played by the nursing team in the care of pts submitted to HIT.

Therefore the focus of our intervention is to assure a rigorous accomplish to infection control procedures, toxicity surveillance, as well as to give nurse care to severely immunodepressed pts. Consequently we need to be watchful of emerging symptoms and signs. We also need more time and availability to study and know what pattern of care these practices require. This innovating treatment emphasises the need of continued care, responsibility, sense of autonomy and increases nursing skills and abilities. It requires very specific approaches dealing with these post-transplant complications. From the preliminary results of our Unit can conclude that our practice is effective and necessary.

1551 POSTER

Cytoprotection with amifostine in patients with non-small cell lung cancer being treated with a taxane

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Purpose: Amifostine is a cytoprotective agent which has been demonstrated to reduce cumulative peripheral neuropathy toxicity in patients receiving paclitaxel. This retrospective study looks at 10 Stage IV non-small cell lung cancer patients who received paclitaxel with carboplatin for an average of six cycles that were repeated every 21 days.

Primary endpoint: Evaluation of toxicity using standardized NCI Common Toxicity Criteria.

Secondary endpoint: Evaluation of efficacy and quality of life.

Methods: The patients were treated with paclitaxel 175 mgm2 and carboplatin was given with calculation of AUC 6. Prior to paclitaxel infusion which was given over three hours, amifostine 740 mgm2 was given over 5 minutes. Pre-meds included intravenous infusion of dolasetron 100 mg, diphenhydramine 25 mg, dexamethasone 10 mg, lorazapam 1 mg and ranitidine 50 mg, as well as one liter of 0.9 normal saline that was given throughout the infusion of paclitaxel. A complete neurological evaluation was performed prior to the start of therapy, and at the beginning of every 3-week cycle.

Results: Patients studied had an average age of 54, with six females and four males. Karnofsky's scale scores ranged from 90 percent through 70 percent, with the average being 80 percent. Three patients achieved CR, and of those, two had Grade 1 neuropathy at the end of their treatment, and one had Grade O neuropathy. Four patients are still undergoing treatment with stable disease, and of those, two patients also experienced Grade 1 neuropathy, and the other two experienced Grade 0 neuropathy. Two patients had progressive disease after three cycles of P&C and drugs were